

Renter

1999 Assistance Claim (for income received in 1998) 9000R

STEP A

Use the peel-off label. Otherwise, please print or type.

Name,
address
and
social
security
number

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
PRESENT HOME ADDRESS — NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE			APT. NO.
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE			

STEP B

Filing
Status

Complete
line 1.
Check
only
one box
on line 2,
line 3
or line 4.

1. Enter your date of birth	• 1.	/ /
2. If you were 62 or older on December 31, 1998, check this box. Do not check the box on line 3 or line 4; go to line 5	2.	<input type="checkbox"/> 62 or older <input type="radio"/> OR
3. If you were under 62 and blind on December 31, 1998, check this box only and go on to line 5	3.	<input type="checkbox"/> Under 62 and blind <input type="radio"/> OR
4. If you were under 62 and disabled (but not blind) on December 31, 1998, check this box only <i>See instructions on page 6 and page 7 to see if you must attach a proof document to your claim.</i>	4.	<input type="checkbox"/> Under 62 and disabled (not blind) <input type="radio"/>
5. Are you a United States citizen? Check "Yes" or "No" If you checked "Yes," skip line 6 and go to line 7. If you checked "No," go to line 6.	• 5.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Benefit Eligibility for Noncitizens If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c. See instructions for more information.	• 6a.	Alien Status Code
	• 6b.	Alien Registration Number
	• 6c.	/ / Date of Entry

STEP C

Rental
Information

Complete
line 7
through
line 9.

7. Enter the total number of months during 1998 that you lived in a qualified rented residence in California. See instructions •	7.	_____ months
8. List the street address(es) of residence(s) you rented in California during 1998 that qualified you for renter assistance and list the dates you rented each residence:		
Street Address	City, State and ZIP Code	Dates rented in 1998
A. _____		
B. _____		
9. Enter the name, address and telephone number of your landlord or the person to whom you paid rent during 1998. If you had more than one landlord, enter the name, address and telephone number of your last landlord in 1998 and attach a list of your other landlords and the dates of rental.		
NAME _____		
ADDRESS _____ APT. OR UNIT NO. _____		
CITY _____ STATE and ZIP CODE _____		
TELEPHONE () _____ RENTED FROM / / TO / /		

STEP D 1998 Income of you and your spouse	On line 10 through line 17, enter your total household income for the 1998 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members. <div style="display: flex; justify-content: space-between;"> (Dollars) (Cents) </div> 10. Social Security and/or Railroad Retirement • 10. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 11. Interest and/or Dividends • 11. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 12. Pensions and/or Annuities • 12. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 13. SSI/SSP, AB and ATD (Gold Check). See page 8 .. • 13. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 14. Rental Income (or Loss). Attach schedule. See page 8... ○ • 14. Do not enter your monthly rent payments. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 15. Business Income (or Loss). Attach schedule. See page 9 ○ • 15. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 16. Gain (or Loss) from sale of Assets Attach schedule. See page 9..... ○ • 16. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 17. Other Income (including wages). See page 9..... • 17. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
STEP E 1998 Income of other household members	18. Income of Other Household Members in 1998. See page 10. Do not include your income or income of your spouse, minors, students, renters or the owner of the rented residence • 18. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
STEP F 1998 Total household income	19. SUBTOTAL. Add line 10 through line 18 19. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 20. Adjustments to Income. See page 10. Attach documentation ○ • 20. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 21. TOTAL HOUSEHOLD INCOME IN 1998. Subtract line 20 from line 19 • 21. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> If line 21 is more than \$33,132, stop. You do not qualify.	
STEP G Renter assistance claimed	You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you. 22. Renter assistance claimed. See page 11..... ■ 22. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
STEP H Signature, date and telephone number Sign Here ➔	Caution: To avoid delay of your check, be sure to provide all requested information, sign below and mail to: FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904. I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Renter Assistance Program. Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct and complete. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> X _____ Date _____ </div> Claimant's signature Claimant's Daytime Telephone Number () _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> PREPARER'S SIGNATURE ➔ _____ FIRM'S NAME (OR YOURS, IF SELF EMPLOYED) AND ADDRESS ➔ _____ </div> <div style="width: 10%;"> Date _____ Check if self-employed <input type="checkbox"/> </div> <div style="width: 45%;"> Preparer's social security number _____ FEIN _____ TELEPHONE () _____ </div> </div>	
Paid Preparer's Use Only		